

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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	:	
UNITED STATES OF AMERICA,	:	
	:	
-v-	:	13-CR-271 (LTS)
	:	
SABRINA MCNEAL,	:	
	:	
Defendant.	:	
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ORDER

The initial violation of supervised release conference scheduled for **October 15, 2020, at 10:00 a.m.**, shall proceed as a telephonic conference. To access the conference, counsel and Defendant McNeal should call **888-363-4734** and use access code **1527005#** and password **1943#**. (Family members and members of the press and public may call the same number, but will not be permitted to speak during the hearing.)

Counsel should adhere to the following rules and guidelines during the hearing:

1. Each party should designate a single lawyer to speak on its behalf (including when noting the appearances of other counsel on the telephone).
2. Counsel should use a landline whenever possible, should use a headset instead of a speakerphone, and must mute themselves whenever they are not speaking to eliminate background noise. In addition, counsel should not use voice-activated systems that do not allow the user to know when someone else is trying to speak at the same time.
3. To facilitate an orderly teleconference and the creation of an accurate transcript, counsel are *required* to identify themselves every time they speak. Counsel should spell any proper names for the court reporter. Counsel should also take special care not to interrupt or speak over one another.
4. If there is a beep or chime indicating that a new caller has joined while counsel is speaking, counsel should pause to allow the Court to ascertain the identity of the new participant and confirm that the court reporter has not been dropped from the call.

All of those accessing the hearing are reminded that recording or rebroadcasting of the proceeding is prohibited by law.

If possible, defense counsel shall discuss the attached Waiver of Right to be Present at Criminal Proceeding with the Defendant prior to the proceeding. If the Defendant consents, and is able to sign the form (either personally or, in accordance with Standing Order 20-MC-174 of March 27, 2020, by defense counsel), defense counsel shall file the executed form **at least 24 hours prior to the proceeding**. In the event the Defendant consents, but counsel is unable to obtain or affix the Defendant's signature on the form, the Court will conduct an inquiry at the outset of the proceeding to determine whether it is appropriate for the Court to add the Defendant's signature to the form.

SO ORDERED.

Dated: September 24, 2020  
New York New York

/s/ Laura Taylor Swain  
LAURA TAYLOR SWAIN  
United States District Judge

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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UNITED STATES OF AMERICA

-v-

SABRINA MCNEAL,

Defendant.

-----X

**WAIVER OF RIGHT TO BE  
PRESENT AT CRIMINAL  
PROCEEDING**

**13-CR-271 (LTS)**

**Check Proceeding that Applies**

\_\_\_\_ Arraignment

I have been given a copy of the Probation Department's Violation of Supervised Release Report ("Violation Report") containing the charges against me and have reviewed it with my attorney. I understand that I have a right to appear before a judge in a courtroom in the Southern District of New York to confirm that I have received and reviewed the Violation Report and to have the Violation Report read aloud to me if I wish. By signing this document, I wish to advise the court of the following. I willingly give up my right to appear in a courtroom in the Southern District of New York to advise the court that:

- 1) I have received and reviewed a copy of the Violation Report.
- 2) I do not need the judge to read the Violation Report aloud to me.

Date:

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Print Name

I hereby affirm that I am aware of my obligation to discuss with my client the charges contained in the Violation Report, my client's rights to attend and participate in the criminal proceedings encompassed by this waiver, and this waiver form. I affirm that my client knowingly and voluntarily consents to the proceedings being held in my client's physical absence.

\_\_\_\_\_  
Signature of Defense Counsel

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

**Accepted:**

\_\_\_\_\_  
Signature of Judge

Date: \_\_\_\_\_